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09/890,936	11/07/2001	Olle Korsgren	KORSGREN-I	9165

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EXAMINER

JAGOE, DONNA A

ART UNIT

PAPER NUMBER

1614

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Please find below and/or attached an Office communication concerning this application or proceeding.



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The amendment filed 30 June 2005 has been received and entered. Claims 4, 8, 9 and 11 have been amended and claims 1-3, 5-7, 10 and 12-13 have been canceled. New claims 14-25 have been added.

***Election/Restrictions***

Newly submitted claims 14-25 directed to an invention that is independent or distinct from the invention originally claimed for the following reasons: applicant has received an action on the merits for the invention of a method comprising transplantation of insulin producing cells in the form of isolated islets wherein the islets are modified by adsorption with a clotting inhibiting agent. New claims 14-24 are drawn to the isolated islets, which are separate and distinct from the method of using the isolated islets. New claim 25 is drawn to a method of production of a composition for treatment of insulin dependent diabetes mellitus comprising coating isolated islets with a clotting inhibiting agent, which is separate and distinct from the method of transplanting isolated modified islet cells.

Since applicant has received an action on the merits for the originally presented invention, this invention has been constructively elected by original presentation for prosecution on the merits. Accordingly, claims 14-25 are withdrawn from consideration as being directed to a non-elected invention. See 37 CFR 1.142(b) and MPEP § 821.03.

**Claims 4, 8, 9 and 11 are pending in this application.**

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Rejection of claims 1, 4 and 10 under 35 USC §112 1<sup>st</sup> paragraph for the proviso that "the isolated islets are not artificially encapsulated" is no longer maintained in view of the amendment/cancellation of the claims.

Rejection of claims 1, 2, 4-8 and 10-12 under 35 USC §112 1<sup>st</sup> paragraph for recitation of the word "preventing" is no longer maintained in view of the amendment/cancellation of the claims.

Rejection of claims 1, 4, 12 and 13 under 35 USC §112 2<sup>nd</sup> paragraph for recitation of "said isolated islets" is no longer maintained in view of the amendment/cancellation of the claims.

Rejection of claims 2, 5, 6, 7 and 9 under 35 USC §112 2<sup>nd</sup> paragraph is no longer maintained in view of the cancellation of the claims.

### ***Art Rejections of Record***

Claims 1-4 and 10-11 are rejected under 35 U.S.C. 102(b) as being anticipated by Wagner et al. DE 196 23 440 A 1.

Wagner et al. teach method of use of anticoagulants such as heparin, hirudin and Marcumar and derivatives thereof in connection with transplantation of insulin producing cells such as islets of Langerhans (see claim 8). The cells may be in the form of microencapsulated islets (see figure 1 and claim 10) and where immunosuppression can be an issue, see "Islet Transplant Info" that teaches that immunosuppression and/or appropriate drugs, such as Zenapax should be used to address the issue. The abstract for Wagner et al. teach that the immobilized material is insulin, proinsulin and/or organ

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cells of xenogenic or autogenic origin (islets of Langerhans, etc.) and the system contains an agent to inhibit or suppress blood agglutination, agglomeration antagonists, heparin, hirudin, marcumar and their derivatives. Wagner discloses that the islets *may* be microencapsulated. Additionally, if the cells are microencapsulated, they are first mixed with the anticoagulant material, thus anticipated the claims of the instant application.

The rejection of claims 1 and 5-7, rejected under 35 U.S.C. 102(b) as being anticipated by Lenschow et al. (Science 7 Aug 1992 Vol. 257 ages 789-792) is no longer maintained in view of the cancellation of the claims.

Claims 1-4, 10 and 11 are rejected under 35 U.S.C. 102(b) as being anticipated by Soon-Shiong et al. U.S. 5,705,270 A.

Soon-Shiong et al. teach microcapsules containing biological material such as islet of Langerhans cells coated with polymerizable materials (see abstract, see also claim 3). The microcapsules are covalently linked with heparin (see claim 5). Soon-Shiong et al. teach encapsulation of islets of Langerhans for treatment of diabetes (column 4, lines 1-4) to prevent the detrimental effects of capsule instability on the encapsulated biologically active material e.g. loss of immunoprotection for the encapsulated material is minimized (column 3, lines 61-66). Additionally, note that there is no provision in the instant claims that deals with the immunosuppression issue, without which, the transplanted islet cells would be rejected (see Islet Transplant Info).

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The instant specification describes immobilizing heparin according to a method developed by Corline Systems AB disclosed in WO 93/05793 (page 4 of the instant specification). The heparin in WO 93/05793 appears to be immobilized (conjugated) with a polymer comprising a substantially straight-chained organic homo or hetero polymer having a number of functional groups distributed along the polymer backbone chain via which groups at least about 20 molecules (see page 7 of WO 93/05793). While applicant asserts that the heparin is not in microcapsules, it appears that it is similarly coated and as such, must form micro (or macro) capsules if applicant has followed the technique of Corline Systems AB as recited in applicants specification.

### ***Response to Arguments***

Applicant's arguments filed June 30, 2005 have been fully considered but they are not persuasive. The rejections above are maintained and hereby repeated.

Regarding Wagner, applicant asserts that microcapsules are used. In response, applicants' attention is drawn to the claims of Wagner wherein the Islets of Langerhans (claim 3) can be used as organic immobilized materials. The immobilization of the islets is with the help of synthetic or natural high molecular weight compounds (claim 4). The natural high molecular weight compounds are inter alia heparin (see claim 6). Again, while applicant asserts that the heparin recited instantly is not in microcapsules, it appears that it is similarly coated, and as such, must form micro (or macro) capsules if applicant has followed the technique of Corline Systems AB as recited in applicants specification on pages 4-5.

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Regarding the response to the Declaration submitted March 2, 2004, applicants bristle about the fact that the PTO has "ignored" statements of fact. The declaration states that the coating is not the same as Wagner and Soon-Shiong because it does not result in encapsulation. Applicant has yet to respond to the fact that the instant specification points to encapsulation on page 4 to 5 wherein the polymer surface of the tubing is modified with a high molecular weight amine compound to add primary amine groups to the surface. A soluble conjugate is prepared by covalent binding of approximately 60 ml of heparin per mole of a straight chained polyallylamine is irreversibly bonded onto the amine surface of the tubings. The modified heparin would encapsulate the islets as in Wagner. Further, Wagner is not encapsulated in every aspect of the invention. It reads that it "**may**" be encapsulated. Either way, the islet cells are added to a high molecular weight substance, such as heparin. It is unclear how the heparin-alginate conjugate of the Corline system differs from the heparin/alginate system of Soon-Shiong (see abstract). Applicant asserts that evidence submitted by way of the Declaration was ignored. See response in office action dated March 31, 2005. Evidence was not ignored, as stated in the office action dated March 31, 2005, it was **insufficient** to overcome the rejection of the claims over the prior art of record.

Regarding the Soon-Shiong rejection, applicant asserts that the objective is to provide an encapsulation which allows delivery of substances from the insides of the capsule. Soon-Shiong et al. teach microcapsules containing biological material such as islet of Langerhans cells coated with polymerizable materials (see abstract, see also

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claim 3). The microcapsules are covalently linked with heparin (see claim 5). Soon-Shiong et al. teach encapsulation of islets of Langerhans for treatment of diabetes (column 4, lines 1-4) to prevent the detrimental effects of capsule instability on the encapsulated biologically active material e.g. loss of immunoprotection for the encapsulated material is minimized (column 3, lines 61-66). It is unclear how the Corline system of alginate-heparin differs from the Soon-Shiong et al. system of encapsulation of islets of Langerhans.

Rejection of claim 5 under 35 USC §103 is no longer maintained in view of the cancellation of claim 5.

### ***New Claim Rejections - 35 USC § 102***

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(a) the invention was known or used by others in this country, or patented or described in a printed publication in this or a foreign country, before the invention thereof by the applicant for a patent.

Claims 4, 8, 9 and 11 are rejected under 35 U.S.C. 102(a) as being clearly anticipated by Bennet et al. (Incompatibility Between Human Blood and Isolated Islets of Langerhans: A Finding With Implications for Clinical Intraportal Islet Transplantation, Diabetes, 1999 Vol. 48 pages 1907-1914).

Bennet et al. teach transplantation of isolated islets of Langerhans with heparin and optionally the complement inhibitor sCR-1 (page 1908, col. 2, 3<sup>rd</sup> full paragraph). Bennet et al. teach the disruption of the integrity of the islets could be prevented by the




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addition of heparin in combination with the complement inhibitor, soluble complement receptor 1 (sCR-1) (page 1908, column 1, 2<sup>nd</sup> full paragraph to the 3<sup>rd</sup> full paragraph). Bennet et al. state that "most centers performing allogenic islet transplantation today use systemic heparin at the time of transplantation. Heparin is usually administered as a bolus dose. Addition of heparin prevented coagulation, reduced cell consumption and to a large degree, inhibited complement activation, but the addition of heparin in combination with sCR-1 effectively inhibited coagulation and complement activation (page 1913, 1<sup>st</sup> full paragraph).

### ***Correspondence***

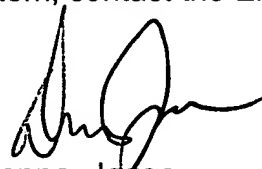
Any inquiry concerning this communication or earlier communications from the examiner should be directed to Donna Jagoe whose telephone number is (571) 272-0576. The examiner can normally be reached on Monday through Thursday from 9:00 A.M. - 3:00 P.M..

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christopher Low can be reached on (571) 272-0951. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

  
CHRISTOPHER S. F. LOW  
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March 13, 2006



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